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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2012

Department of the Treasury Internal Revenue Service

For calendar year 2012 or other tax year beginning , and ending

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization ( Check box if name changed and see instructions.) ASSOCIATION OF MUSIC PERSONNEL IN PUBLIC RADIO C/O DAVID DUFF, ALA. PUBLIC RADIO

D Employer identification number (Employees' trust, see instructions) 43-1329779

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see instructions. BOX 870370 STE.166 PHIFER HALL

E Unrelated business activity codes (See instructions)

City or town, state, and ZIP code TUSCALOOSA, AL 35487

C Book value of all assets at end of year 10,716.

F Group exemption number (see instructions)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. SEE STATEMENT 1

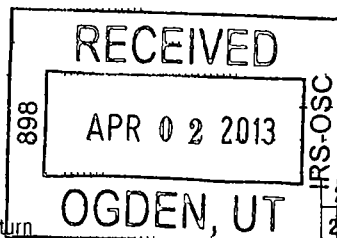
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of BOYCE LANCASTER Telephone number 614-292-9678

Table with 4 columns: Part I, Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)

Table with 2 columns: Description, Amount. Rows 14-34.



SCANNED APR 12 2013

10

**ASSOCIATION OF MUSIC PERSONNEL IN PUBLIC  
RADIO C/O DAVID DUFF, ALA. PUBLIC RADIO**

**Part III Tax Computation**

<b>35 Organizations taxable as corporations</b> (see instructions for tax computation). Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ <b>c</b> Income tax on the amount on line 34					
		<b>35c</b>			0.
<b>36 Trusts taxable at trust rates</b> (see instructions for tax computation). Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)			<b>36</b>		
<b>37 Proxy tax</b> (see instructions)			<b>37</b>		
<b>38 Alternative minimum tax</b>			<b>38</b>		
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies			<b>39</b>		0.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)					
<b>40b</b> Other credits (see instructions)					
<b>40c</b> General business credit. Attach Form 3800					
<b>40d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)					
<b>40e Total credits.</b> Add lines 40a through 40d			<b>40e</b>		
<b>41</b> Subtract line 40e from line 39					0.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)				<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42				<b>43</b>	0.
<b>44a</b> Payments: A 2011 overpayment credited to 2012					
<b>44b</b> 2012 estimated tax payments					
<b>44c</b> Tax deposited with Form 8868					
<b>44d</b> Foreign organizations: Tax paid or withheld at source (see instructions)					
<b>44e</b> Backup withholding (see instructions)					
<b>44f</b> Credit for small employer health insurance premiums (Attach Form 8941)					
<b>44g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total					
<b>45 Total payments.</b> Add lines 44a through 44g				<b>45</b>	
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>				<b>46</b>	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed				<b>47</b>	0.
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid				<b>48</b>	0.
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2013 estimated tax</b> _____ <b>Refunded</b> _____				<b>49</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<p><b>1</b> At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____</p> <p><b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file _____</p> <p><b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year: \$ _____</p>						
					Yes	No
						X
						X

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation  N/A

<b>1</b> Inventory at beginning of year				
<b>2</b> Purchases				
<b>3</b> Cost of labor				
<b>4a</b> Additional section 263A costs (att statement)				
<b>4b</b> Other costs (attach statement)				
<b>5 Total.</b> Add lines 1 through 4b				
<b>6</b> Inventory at end of year			<b>6</b>	
<b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2				
<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?				Yes No
				X

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** *David Duff* 3/29/13 **OFFICER**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MELINDA J. NORTON</b>	Preparer's signature <i>Melinda Norton</i>	Date 3/21/13	Check <input type="checkbox"/> if self-employed	PTIN <b>P00848762</b>
	Firm's name <b>JAMISON MONEY FARMER PC</b>	Firm's EIN <b>63-0933119</b>		Phone no <b>(205) 345-8440</b>	
	Firm's address <b>TUSCALOOSA, AL 35403</b>				

ASSOCIATION OF MUSIC PERSONNEL IN PUBLIC

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)
(1)			
(2)			
(3)			
(4)			

4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5 Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals **0.** **0.**

Enter here and on page 1, Part I, line 7, column (A) **0.**

Enter here and on page 1, Part I, line 7, column (B) **0.**

Total dividends-received deductions included in column 8 **0.**

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals **0.** **0.**

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) **0.**

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) **0.**

ASSOCIATION OF MUSIC PERSONNEL IN PUBLIC

Form 990-T (2012) RADIO C/O DAVID DUFF, ALA. PUBLIC RADIO

43-1329779

Page 4

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b>	<b>0.</b>			<b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 28
<b>Totals</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		<b>0.</b>	<b>0.</b>			<b>0.</b>

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>		<b>0.</b>	<b>0.</b>			<b>0.</b>
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b>		<b>0.</b>	<b>0.</b>			<b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14			<b>0.</b>

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FORM 990-T, DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1  
BUSINESS ACTIVITY

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ASSURE THE PRESERVATION OF MUSIC FORMATS ON PUBLIC RADIO  
TO FORM 990-T, PAGE 1